		DESCRIPTION OF	E OFFINACE		1
	.]		F SERVICE []		
I certify that this Summons and	d a copy of the compla	int were receive	ed and served as follows:		
DEFENDANT 1					
Date Served ppy	Time Served 1214	AM DAM	Name Of Defendant AGZZZZ	Tyree	Wiggins.
By delivering to the defendant named above a copy of the summons and complaint.					
By leaving a copy of the superson of suitable age and			house or usual place of a	abode of the defe	ndant named above with a
As the defendant is a corp below.	oration, service was ef	ffected by delive	ering a copy of the summo	ons and complaint	to the person named
Name And Address Of Person W 5521 Londonderry Rd	fith Whom Copies Left (if con	poration, give title o	person copies left with)		
5521 Londonderry Rd., Charlotte, NC 28210	Empau	, orim	(nacr)		
Other manner of service (s	specify)		4		
☐ Defendant WAS NOT served for the following reason:					
	-				
DEFENDANT 2 Date Served Time Served Name Of Defendant					
Date Served		AM PM	Name of Defendant		
By delivering to the defend	dant named above a co	opy of the sumn	nons and complaint.		
By leaving a copy of the superson of suitable age and			house or usual place of a	abode of the defe	ndant named above with a
As the defendant is a corporation, service was effected by delivering a copy of the summons and complaint to the person named below.					
Name And Address Of Person With Whom Copies Left (if corporation, give title of person copies left with)					
Other manner of service (specify).					
U Other mariner or service (s	pecity)				
☐ Defendant WAS NOT serv	ed for the following rea	ason:	V		
Service Fee Paid	~~~		Signature Of Beauty Of Print	Nina Bat	***************************************
\$			Signature Of Deputy Sheriff Ma	iking Keturn	a+972
Date Received	balash		Name Of Sheriff (type or print)	J. Vel	oz - X5123
Date Of Return	12/24		County Of Sheriff	Garry L	McFadden klenburg
, 2	1/2/201		rounders and respect to the second to the se	Med	Mailpaid

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